

# CITY OF ALIQUIPPA

## RENTAL REGISTRATION PROGRAM

581 Franklin Avenue • Aliquippa, PA 15001  
(724) 375-5188 • Fax (724) 375-4594

**\*\* USE A SEPARATE FORM FOR EACH RENTAL PROPERTY**

### OWNERSHIP INFORMATION (Please print clearly):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Agent for Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RENTAL PROPERTY ADDRESS: \_\_\_\_\_

IF UNITS ARE OCCUPIED FOR MORE THAN 60 DAYS TOTAL: Fees are applicable  
IF YOU HAVE VACANT UNITS: Fees are applicable if you plan to re-rent  
IF THE PROPERTY IS VACANT, THE PROPERTY MUST BE FOR SALE to be exempt.

#### INITIAL FEE

- ☐ SINGLE FAMILY UNIT .....\$50.00  
☐ TWO FAMILY UNITS/DUPLEX .....\$75.00  
☐ MULTI FAMILY 3 - 10 UNITS .....\$100.00  
    Plus \$10 per unit  
☐ MULTI FAMILY OVER 10 UNITS .....\$125.00  
    Plus \$10 per unit  
☐ ROOMING HOUSE, DORM, HOTEL .... \$125.00  
    Plus \$10 per unit

#### RENEWAL FEE

- ☐ SINGLE FAMILY UNIT .....\$25.00  
☐ TWO FAMILY UNITS/DUPLEX ... \$50.00  
☒ MULTI FAMILY 3-10 UNITS ..... \$20 Per Unit  
☐ MULTI FAMILY OVER 10 UNITS.... \$20.00 Per Unit  
☐ ROOMING HOUSE, DORM, HOTEL \$15.00 Per Unit

Total number of currently occupied units: \_\_\_\_\_

PRINT CLEARLY - FIRST AND LAST NAME(S) OF OCCUPANT(S) 18 AND OVER, INCLUDING CHILDREN:  
(ATTACH ADDITIONAL SHEET IF NEEDED)

| UNIT | FIRST NAME | LAST NAME |
|------|------------|-----------|
|      |            |           |
|      |            |           |
|      |            |           |
|      |            |           |
|      |            |           |

I hereby certify that to the best of my knowledge this form is complete and correct and will conform to City Ordinance 1- 2004.

X\_\_\_\_\_

Signature of Property Owner or Property Manager

Date

Make checks payable to: **CITY OF ALIQUIPPA**

| FOR OFFICE USE ONLY |                      |             |
|---------------------|----------------------|-------------|
| Parcel No.          | Date Received / / 20 | Inspection: |
| License No.         | Amt. Paid: \$        | Comments:   |
| Occupancy Limit     | Method of Pmt.:      |             |